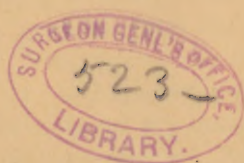


MERIWETHER (F. T.)

A large meningocele.



A LARGE MENINGOCELE.

BY

FRANK T. MERIWETHER, M.D.,
First Lieutenant and Assistant Surgeon U. S. A.,
Fort Logan, Colorado.



(With three illustrations.)

THE following case is of interest because of its rarity, the exceptionally large size of the tumor, and the unusual method adopted for delivery. I had not seen the patient prior to labor, but, so far as I could learn, pregnancy had been normal.

Mrs. B., a primipara aged 21 years, began to have pains at 3 A.M. of January 13th, 1894, the membranes rupturing an hour later. The pains began to be expulsive at 6. I first saw her at 9:30. Upon examination I found the head near the vulva and the pelvis apparently large and roomy. Position R. O. A. The head was somewhat hydrocephalic, was moulding itself nicely, the bones overlapping slightly, and there seemed to be no reason for any delay in delivery. A small hematocele, about the size of a filbert, of the patient's right labium minus had ruptured, but only a slight oozing was now taking place. This was in connection with the remains of the hymen, which had been torn entirely from the left side and was hanging loosely to the right labium. The pains were strong, and, as the patient was a healthy, muscular young woman, I expected delivery to take place shortly. After waiting half an hour I found that no descent had occurred, and as the pains were getting weaker I determined to apply forceps. Hospital Steward Moser giving the anesthetic, chloroform, I applied the forceps, and, much to my surprise, met with great resistance, not accountable for by the resistance of the perineum, which was very distensible. After much difficulty I delivered the head and removed the forceps, expecting rotation to take place. As it did not, I attempted to rotate the shoulders, but could not move them the slightest. I then delivered the arms, one at a time, which gave me plenty of room. I brought the shoulders down to the vulva and again attempted to rotate, using a good deal of force, but to no avail. The child had gasped a few times, but was now apparently dead. Upon exam-

ination with the finger passed between the head and the pubis, I detected what seemed to be a flat band passing from the occiput of the child up into the uterus. As the entire canal seemed to be very roomy, I determined to deliver by performing evolution. By hooking both index fingers of my hands around the child's back I brought down first the chest, then the hips, and finally, revolving the entire child upon the pubis, delivered the feet, the meningocele following. This evolution was favored by the extreme extension of the head upon the pubis, drawing it completely out of the way. The sac had become incarcerated

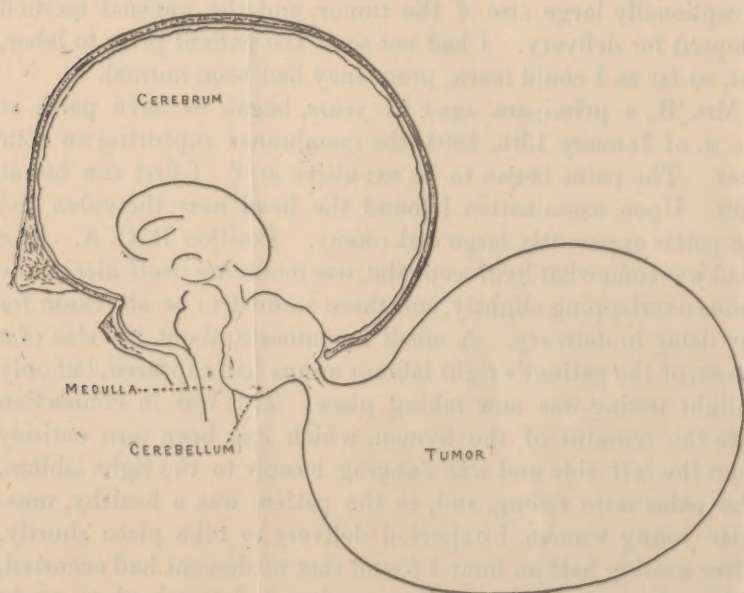


FIG. 1.—The tumor was derived from the meninges of the cerebellum through the prolongation of the foramen magnum.

between the hips of the child and the pubic bone, thus preventing both rotation and descent. Evolution, of course, could not have been done had the pelvis been less roomy or the child's body less flexible.

The perineum was only slightly torn, and I decided to leave it for a future operation, if necessary, as the woman would not have the best of care and the parts were very edematous. The placenta was delivered at once, the uterus contracting well. Very little hemorrhage occurred, and the puerperium was norma'.

The sac, as shown in the photograph and drawings, was attached to the base of the skull by a pedicle four and a half inches in circumference, measured eight inches in length, and was fourteen and a half inches in circumference at its base. It

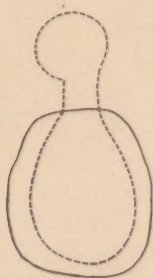


FIG. 2.—Foramen magnum. The outer line shows the outline of the normal foramen. The dotted line shows the outline in this specimen, with the irregular extension posteriorly, through which the pedicle of the tumor passed.

contained twenty ounces of serous fluid of a specific gravity of 1.010. The upper portion of the sac was covered with thick, heavy black hair. A small hernial protrusion projected through



FIG. 3.—Photograph showing relative size of the tumor.

the opening in the occipital bone, and the greatest possible pressure applied to the sac could not reduce the amount of fluid, the opening being firmly plugged. Except for the marked hydrocephalus, the child was otherwise normal. The specimen has been placed in the Army Medical Museum, and is numbered 10,683 of the Pathological Section.

